

STATE OF SOUTH CAROLINA

(Caption of Case)

255940
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

COVER LETTER

DOCKET
NUMBER: 2015 - 12 - A

(Please type or print)

Submitted by: Pay Tel Communications, Inc.
Address: P.O. Box 8179
Greensboro, NC 27419-8719

SC Bar Number:
Telephone: 336-346-1678 ext. 246
Fax: 336-854-0496
Other:
Email: tsmith@paytel.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

DOCKETING INFORMATION (Check all that apply)

☐ Emergency Relief demanded in petition ☐ Request for item to be placed on Commission's Agenda expeditiously

☒ Other: Authorized Utility Representative

INDUSTRY (Check one)

- ☐ Electric
☐ Electric/Gas
☐ Electric/Telecommunications
☐ Electric/Water
☐ Electric/Water/Telecom.
☐ Electric/Water/Sewer
☐ Gas
☐ Railroad
☐ Sewer
☒ Telecommunications
☐ Transportation
☐ Water
☐ Water/Sewer
☐ Administrative Matter
☐ Other:

NATURE OF ACTION (Check all that Apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Affidavit | <input type="checkbox"/> Letter | <input type="checkbox"/> Request |
| <input type="checkbox"/> Agreement | <input type="checkbox"/> Memorandum | <input type="checkbox"/> Request for Certification |
| <input type="checkbox"/> Answer | <input type="checkbox"/> Motion | <input type="checkbox"/> Request for Investigation |
| <input type="checkbox"/> Appellate Review | <input type="checkbox"/> Objection | <input type="checkbox"/> Resale Agreement |
| <input type="checkbox"/> Application | <input type="checkbox"/> Petition | <input type="checkbox"/> Resale Amendment |
| <input type="checkbox"/> Brief | <input type="checkbox"/> Petition for Reconsideration | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Petition for Rulemaking | <input type="checkbox"/> Response |
| <input type="checkbox"/> Comments | <input type="checkbox"/> Petition for Rule to Show Cause | <input type="checkbox"/> Response to Discovery |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Petition to Intervene | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Consent Order | <input type="checkbox"/> Petition to Intervene Out of Time | <input type="checkbox"/> Stipulation |
| <input type="checkbox"/> Discovery | <input type="checkbox"/> Prefiled Testimony | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Exhibit | <input type="checkbox"/> Promotion | <input type="checkbox"/> Tariff |
| <input type="checkbox"/> Expedited Consideration | <input type="checkbox"/> Proposed Order | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interconnection Agreement | <input type="checkbox"/> Protest | |
| <input type="checkbox"/> Interconnection Amendment | <input type="checkbox"/> Publisher's Affidavit | |
| <input type="checkbox"/> Late-Filed Exhibit | <input checked="" type="checkbox"/> Report | |



March 27, 2015
Via Overnight Delivery

RECEIVED
MARCH 27 2015
COLUMBIA, SC

Clerk's Office
South Carolina Public Service Commission
101 Executive Center Dr.
Columbia, SC 29210

RE: Pay Tel Communications, Inc
SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative , filed on behalf of Pay Tel Communications, Inc. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Kimberly Geuder
Compliance Reporting Specialist

file: Pay Tel Communications, Inc - Reporting - South Carolina

KG/jg

2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☐ Wireless

CERTIFICATED COMPANY INFORMATION

Pay Tel Communications, Inc.

Company Name

336-346-1678 ext. 246

Dbaf/ka

Telephone #

P.O. Box 8179

Mailing Address

Greensboro, NC 27419-8719

City, State, Zip Code

4230 Beechwood Drive

Business Location

Greensboro, NC 27410

City, State, Zip Code

County

REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System

Mailing Address: 2 Office Park Court, Suite 103

City, State, Zip Code: Columbia, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

Tim Smith

A. General Manager (Include Address if different than above)

336-346-1678 ext. 246

/ 336-854-0496

/ tsmith@paytel.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Tim Smith

B. Customer Relations/Complaints Representative (Include Address if different than above)

336-346-1678 ext. 246

/ 336-854-0496

/ tsmith@paytel.com

Telephone Number

/ Facsimile Number

/ E-mail Address

Tim Smith

C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)

336-346-1678 ext. 246

/ 336-854-0496

/ tsmith@paytel.com

Telephone Number

/ Facsimile Number

/ E-mail Address

800-729-8355

C2. Customer Contact (Toll Free Number)

D. Engineering Operations (Include address if different than above)

Telephone Number

/ Facsimile Number

/ E-mail Address

E. Test and Repair (Include address if different than above)

Telephone Number

/ Facsimile Number

/ E-mail Address

Tim Smith

F. Emergencies (During Non-Office Hours)

336-346-1678 ext. 246

/ 336-854-0496

/ tsmith@paytel.com

Telephone Number

/ Facsimile Number

/ E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

	Tim Smith	Director of Regulatory Affairs
G.	Regulatory Officer (Name & Title) P.O. Box 8179, Greensboro, NC 27419-8719 (Mailing Address) 336-346-1678 ext. 246 / 336-854-0496 / tsmith@paytel.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder Compliance Reporting Specialist	
H.	Annual Report Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 407-740-0613 kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder	
I.	Dual Party Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 / 407-740-0613 / kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder Compliance Reporting Specialist	
J.	Interim LEC Fund Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 / 407-740-0613 / kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder Compliance Reporting Specialist	
K.	Universal Service Fund Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 / 407-740-0613 / kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder Compliance Reporting Specialist	
L.	Gross Receipts Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 / 407-740-0613 / kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address Kimberly Geuder Compliance Reporting Specialist	
M.	Lifeline Mailings (Name & Title) P.O. Drawer 200, Winter Park, FL 32790-0200 (Mailing Address) 407-740-8575 / 407-740-0613 / kgeuder@tminc.com Telephone Number / Facsimile Number / E-mail Address	

SHARON R. WARREN
This form was completed by

TECHNOLOGIES MANAGEMENT INC.
AS ATTORNEY-IN-FACT
BY SHARON R. WARREN, CONSULTANT

Title

[Signature]
Signature

3-18-15
Date

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201